PLACE OF BIRTH	
1. County of the Cochice	ARIZONA STATE BOARD OF HEALTH
District of Quiyara	
Town of Joseph Terror GINAL CO	DE VITAL STATISTICS State Index No. 32  ERTIFICATE OF BIRTH County Registrar No.
	County Registrar No
City of No. (It bit	rth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child and Roble	A. If child is not yet named to a
3. Sex of Child To be answered ONLY 4. Twin, triplet of	r other
Boy in event of plural births. 5. No., in order of	birth / Yes 7. Date of birth Grant -6 - (92)
8. G FATHER	14. MOTHER
Pull name Marciso Robles	Full maiden name
9. Residence (Usual place of abode)	15 Residence
If non-resident, give place and state.	(Usual place of abode)
10. Color or race in Oct	If non-resident, give place and state.
Mux. 11. Age at last birthday 390	
	(care) 17. Age at last birthday 39. (Years)
12. Birthplace (city or place)	18. Birthplace (city or place)
(State or country) Valu	(State or country)
13. Occupation G. 9. Smalta La	19. Occupation
	Nature of industry
20. Number of children of this mother (a) Born alive and no	whiting (21. Were precautions taken against oph-
(Taken as of time of birth of child herein certified and including this child.)  (b) Born alive but no (c) Stillborn	w dead / thaimia neonatorum?
CERTIFICATE OF ATTEN	NDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was	Born alive or stillborn
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn	licite de Franco midwife
child is one that neither breathes nor shows other evidence of life after birth.	therible air (Physician or my wife).
Given name added from a supplemental report.	6-7 27 2011
992 - 10106 - 429	Loca Registrar.
Registrar Piled.	, 19
	County Registrar,

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